OVERPAYMENT NOTIFICATION

BRITISH COLUMBIA | Ministry of Social Development and Poverty Reduction

SR Number: _____

FOR OPEN FILE	OFFICE CODE	DATE (YYYY MM DD)	FILE ID:

The Ministry of Social Development and Poverty Reduction has determined that you,

_____ and _____ ,

Recipient 1   Recipient 2

received $_____ of assistance under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act* for which you were not eligible. The attached Overpayment Chart explains how this overpayment was calculated. This overpayment is a debt due to the government of British Columbia that you are liable to repay under section 27(1) of the *Employment and Assistance Act* or section 19(1)(b) of the *Employment and Assistance for Persons with Disabilities Act* by deducting a sum of money each month from assistance you receive from the government of British Columbia. The minimum amount that will be deducted from your assistance to repay this debt is $10 per calendar month. The terms of repayment of this debt are subject to periodic review and revision at the sole discretion of the Minister of Social Development and Poverty Reduction.

If you disagree with the ministry's decision that you received assistance for which you are not eligible, you may request the Minister to reconsider that decision. A request for reconsideration must be delivered to the Employment Assistance Centre within 20 business days after the date you were notified of the decision.

I acknowledge that I have received this notification and I am aware of my right to request a reconsideration of this decision.

SIGNATURE _____   SIGNATURE OF WITNESS _____

PRINT NAME _____   PRINT NAME _____

DATE (YYYY MM DD) _____

SIGNATURE _____   SIGNATURE OF WITNESS _____

PRINT NAME _____   PRINT NAME _____

DATE (YYYY MM DD) _____

IDENTIFICATION: